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www.nh.gov/banking

MORTGAGE BANKER PRINCIPAL OFFICE LICENSE ☐ \$500

MORTGAGE BROKER PRINCIPAL OFFICE LICENSE ☐ \$500

NH BRANCH OFFICES, ENTER TOTAL @ \$500 EACH \$

Make Check Payable To: "STATE OF NEW HAMPSHIRE"

FOR OFFICE USE ONLY

Ck. # _____ Amt.\$ _____

Rec'd by _____ Date _____

Entered By _____ Date _____

App. Complete Date _____

Approved By _____ Date _____

NH SPECIFIC MORTGAGE LENDER/BANKER OR MORTGAGE BROKER LICENSE APPLICATION INSTRUCTIONS

Use the MU1 Form and the Part 2 of the NH Mortgage Application when newly applying for a license or when amending information on file with the department. When terminating or surrendering a NH mortgage license use the NH License Withdrawal Form available on our website at www.nh.gov/banking/consumer.html.

1. **New Application:** Answer all questions, complete all forms and pay appropriate fees. See detailed instructions below.
2. **Amendment Filing:** When using the MU1 Form and Part 2 of the NH Mortgage Application to amend filings, the required fields to complete are the "Date of Filing", the "Effective Date", check off "Amendment", and complete 1A and 1B on the MU1; then you only need to enter and circle the information on the forms that is being amended (that has changed from what is on file with the department). To amend information on Schedules A & B (principals of the company), use Schedule C which you may obtain from our website at www.nh.gov/banking/consumer.html.
3. **Surrender or Expiration:** New Hampshire has its own requirements when a company surrenders its license or allows it to expire without renewal at year end. Go to our website at www.nh.gov/banking/consumer.html and get the NH License Surrender/Expiration Form and follow its directions.

New Application Instructions

The principal office of the *applicant* must be licensed wherever it is located. Only those business locations of the *applicant/licensee* that are located in New Hampshire must be licensed as branches (use the MU3 Branch Office Form and pay the \$500 fee for each NH branch). The fee for a mortgage broker license is \$500 for the principal location. The license limits the *applicant/licensee* to brokering activities for first and second mortgage loans. The fee for a mortgage banker license is \$500 for the principal location. The mortgage banker license allows the *applicant/licensee* to conduct both lending and brokering activities for first and second mortgage loans. The fee for each NH branch office of the *applicant* is \$500. Each branch will be licensed for and may conduct the type of mortgage business that the *applicant* is licensed to conduct. The *applicant* must also provide a list of all persons who will act as mortgage loan originators, wherever they are located.

Special NH Instructions for Schedules A & B on the MU1 Form

The MU1 Form that is the first part of New Hampshire's Mortgage License Application has two schedules attached where owners, officers and other *principals* of the applicant, including sole proprietors, are listed. Instructions to the MU1 tell the *applicant* to complete a MU2 Control Person Form for each individual checked off as a *Control Person* on the schedules. **All individuals listed on Schedules A & B are defined as "principals" (see definition of "principal" below) of the applicant and are therefore considered "control persons" in New Hampshire.** That means that for each individual listed on the schedules, the *applicant/licensee* must submit a MU2 Form, a Criminal History Record Information Authorization Form, a fingerprint card and records check fee. *Principals* include *direct owners* of 10% or more and *indirect owners* of 25% or more of the *applicant*.

Criminal Records checks are conducted by the State of New Hampshire Department of Safety, State Police Division on each individual listed on Schedules A & B. The Department of Safety charges a \$39 fee to cover costs for each record check. A copy of the *Department of Safety Division of State Police Criminal History Record Information Authorization Form* follows the MU2 Form. You may make copies of this form, and then complete a form for each individual listed on Schedule A & B of the MU1. Complete all items in Section I of the Authorization, and make sure to sign the release information in Section II of the form and have the form notarized. All checks and money orders for the record checks must be made payable to "State of NH – Criminal Records."

Fingerprints must be submitted in order to complete the criminal background checks. To request fingerprint card(s), which must be on a New Hampshire State Police fingerprint form, you may electronically submit a form or request a form from our website www.nh.gov/banking/consumer.html, call (603) 271-8675) or e-mail licensing@banking.state.nh.us the licensing section at the Banking Department, indicate the number of cards needed and the address where they should be sent (only one address; the *applicant/licensee* is responsible for distribution to applicable persons within their organization) and we will send fingerprint cards out to you right away.

Submit a *Criminal History Record Information Authorization Form*, fingerprint card and a fee in the amount of \$39 payable to "State of NH – Criminal Records", for each individual listed on Schedules A & B of the MU1, to the NH Banking Department. We will forward the document(s) and check(s) to the Department of Safety. Fees covering multiple individuals may be combined into one check.

Special NH Instructions for the Branch Office - MU3 Form

Each branch manager is a *principal* of the *applicant* or *licensee* under NH law. Accordingly, the *applicant/licensee* must submit a MU2 Form, a Criminal History Record Information Authorization Form, a fingerprint card and records check fee in the amount of \$39 (payable to "State of NH – Criminal Records") for each NH branch manager when submitting a branch license application on the MU3 Form.

Definitions:

- A. "Applicant" means the mortgage lender or mortgage broker applying or amending information on this form. The only instance in which the *applicant* is an individual is in the case of a sole proprietorship.
- B. "Direct Owner" means any person, including individuals, that owns, beneficially owns, has the right to vote, or has the power to sell or direct the sale of 10% or more of the *applicant* or licensee.
- C. "Indirect Owner" means, with respect to direct owners and other indirect owners in a multilayered organization:
 - (a) in the case of an owner that is a corporation, each of its shareholders that beneficially owns, has the right to vote, or has the power to sell or direct the sale of, 25% or more of that corporation;
 - (b) in the case of an owner that is a partnership, all general partners and those limited and special partners that have the right to receive upon dissolution, or have contributed, 25% or more of the partnership's capital;
 - (c) in the case of an owner that is a trust, the trust, each trustee and each beneficiary of 25% or more of the trust;
 - (d) in the case of an owner that is a Limited Liability Company ("LLC"), (i) those members that have the right to receive upon dissolution, or have contributed, 25% or more of the LLC's capital, and (ii) if managed by elected managers, all elected managers; and
 - (e) in the case of an indirect owner, the parent owners of 25% or more of their subsidiary.
- D. "Individual" means a human being.
- E. "Jurisdiction" means the federal government, a foreign government, a state, the District of Columbia, the Commonwealth of Puerto Rico, or any subdivision or regulatory body thereof.
- F. "Licensee" – means the mortgage lender or mortgage broker that holds a New Hampshire license and is amending information on this form.
- G. "Mortgage Lender" means mortgage banker under NH RSA 397-A for purposes of this application.
- H. "Person" means an individual, corporation, business trust, estate, trust, partnership, association, 2 or more persons having a joint or common interest, or any other legal or commercial entity however organized.
- I. "Principal" of the *applicant* or licensee means a direct owner with 10 percent or more ownership interest, corporate officer, director, member, general or limited liability partner, limited partner with 10 percent or more ownership interest, trustee, beneficiary of 10 percent or more of the trust that owns the *applicant* or licensee, executive officer, senior manager and any person occupying similar status or performing similar functions. New Hampshire branch managers are *principals* of the company, but are reported on Form MU3, the branch office form rather than on Schedule A of this MU1 Application Form.

Please make sure that all items on the MU1 and Part 2 of the NH Application Form are completed and all attachments, numbered to correspond to the question or item to which they respond, are enclosed with the application filing. Care in providing all the required information will result in the filing of a complete application and will enable us expeditiously to review the application without the need to write for further information.

UNIFORM MORTGAGE LENDER/MORTGAGE BROKER FORM

FORM MU1 INSTRUCTIONS

A. GENERAL INSTRUCTIONS

1. **FILING** – Form MU1 is the Uniform Mortgage Lender/Mortgage Broker business Application. Any *applicant* for a Mortgage Lender or a Mortgage Broker business license may apply to *jurisdictions* that have adopted the Uniform Application using Form MU1. An *applicant* must also refer to each *jurisdiction* in which it is applying for *jurisdiction-specific* requirements.
2. **TERMS USED** – See the following Explanation of Terms section regarding italicized words/phrases.
3. **EXECUTION** – The execution section must be completed by an authorized representative of the *applicant* (corporate officer, partner, member, sole proprietor, etc).
4. **DATES** – The filing date is the date *applicant* submits this form to the *jurisdiction(s)*. The effective date is the date *applicant* would like this license/registration or amendment to become effective. Consult applicable *jurisdiction* for effective date expectations.
5. **AMENDMENTS** – The *applicant* must update information as required in each applicable *jurisdiction* by submitting amendments using Form MU1. Only complete the information that is being amended as well as the name of the *applicant* and circle the item being amended. Consult each *jurisdiction* concerning the return of the prior original license/registration document when submitting the amended Form MU1.
6. **CONTACT EMPLOYEE** – The individual listed as the contact employee must be authorized to receive all compliance and licensing information, communications, and mailings, and be responsible for disseminating it within the applicant's organization.
7. **SURRENDER / CLOSE** – When an *applicant* decides to cease operations under the license/registration, use the Form MU1 to notify *jurisdiction(s)* by checking the "surrender" box and completing only items 1A, J, and K. Surrender the original license/registration document (if any was issued) to the *jurisdiction(s)*. Consult each *jurisdiction* concerning additional specific requirements at surrender/closure.

B. FILING INSTRUCTIONS

1. **FORMAT**
 - A. A fully completed Form MU1 is required to be submitted to each *jurisdiction* when the *applicant* is filing for the first time. The *applicant* should contact the appropriate *jurisdiction(s)* for specific filing requirements, including applicable fees.
 - B. The Execution section must include notarized original manual signature, for the initial Form MU1 filing.
 - C. Type all information.
 - D. Use only the current version of Form MU1 and its Schedules or a reproduction of them.
2. **ATTACHMENTS** – Provide the following:
 - A. Schedules A, B, and C – File Schedules A and B only with initial applications. Use Schedule C to update Schedules A and B as needed.
 - B. File a Form MU2 for each **individual** designated on Schedule A or C as a "control person".
 - C. Enclose a Certificate of Good Standing from the Secretary of State or similar state authority for the state where the *applicant* obtained its legal status listed in Item 3C and for the *jurisdiction(s)* for which the *applicant* is applying.
 - D. If the applicant is a partnership of any form, enclose a copy of the partnership agreement.
 - E. Some *jurisdiction(s)* require separate filings for use of fictitious name/trade name/doing business as name(s). Consult the *jurisdiction(s)* to determine such requirements, and attach a copy of such filing if required by that *jurisdiction*.
 - F. The name, full delivery address, and telephone number of the registered agent for service of legal process. Consult the *jurisdiction(s)* to determine if the registered agent is required to be located within the *jurisdiction(s)* in which you are applying.
 - G. Depending on the *jurisdiction*, individual(s) originating or soliciting to originate mortgage loans at the business may need to file a Form MU4. Please consult your chosen *jurisdiction(s)* to verify the requirements there.
 - H. Depending on the *jurisdiction*, branch offices may need to complete a Form MU3. Please consult your chosen *jurisdiction(s)* to verify the requirements there.
3. **FINANCIAL RESPONSIBILITY** – Consult each *jurisdiction* in which the *applicant* is applying to determine requirements for financial responsibility. These may include the submission of financial statements, surety bond(s), minimum net worth, or other requirements.
4. **JURISDICTION-SPECIFIC REQUIREMENTS** – Consult each *jurisdiction* in which the *applicant* is applying for a list of requirements unique to the *jurisdiction(s)*, including applicable fees, records retention, etc.

C. EXPLANATION OF TERMS – The following terms are italicized throughout Form MU1

1. GENERAL

APPLICANT – The mortgage lender or mortgage broker applying or amending information on this form. The only instance in which the *applicant* is an individual is in the case of a sole proprietorship.

CONTROL – The power, directly or indirectly, to direct the management or policies of a company, whether through ownership of securities, by contract, or otherwise. Any *person* that (i) is a director, general partner or officer exercising executive responsibility (or having similar status or functions); (ii) directly or indirectly has the right to vote 10% or more of a class of a voting security or has the power to sell or direct the sale of 10% or more of a class of voting securities; or (iii) in the case of a partnership, has the right to receive upon dissolution, or has contributed, 10% or more of the capital, is presumed to control that company.

CONTROL PERSON – An individual named in Item 1A or in Schedules A, B or C that directly or indirectly exercises control over the *applicant*.

JURISDICTION – A state, the District of Columbia, the Commonwealth of Puerto Rico, or any subdivision or regulatory body thereof.

PERSON – An individual, partnership, corporation, trust, or other organization.

2. FOR THE PURPOSE OF ITEM 8

CHARGED – Being accused of a crime in a formal complaint, information, or indictment (or equivalent formal charge).

CONTROL AFFILIATE – A *person* named in Item 1A or in Schedules A, B or C as a *control person* or any other individual or organization that directly or indirectly controls, is under common control with, or is controlled by, the *applicant*, including any current employee except one performing only clerical, administrative, support or similar functions, or who, regardless of title, performs no executive duties or has no senior policy making authority.

ENJOINED – Includes being subject to a mandatory injunction, prohibitory injunction, preliminary injunction, or a temporary restraining order.

FELONY – For *jurisdictions* that do not differentiate between a *felony* and a *misdemeanor*, a *felony* is an offense punishable by a sentence of at least one year imprisonment and/or a fine of at least \$1,000. The term also includes a general court martial.

FINANCIAL SERVICES OR FINANCIAL SERVICES RELATED – Pertaining to securities, commodities, banking, insurance, consumer lending, or real estate (including, but not limited to, acting as or being associated with a bank or savings association, credit union, mortgage lender, mortgage broker, closing agent, title company, or escrow agent).

FOREIGN FINANCIAL REGULATORY AUTHORITY – Includes (1) a *financial services* authority of a foreign country; (2) other governmental body empowered by a foreign government to administer or enforce its laws relating to the regulation of *financial services* or *financial services-related* activities; and (3) a foreign membership organization, a function of which is to regulate the participation of its members in *financial services* activities listed above.

FOUND – Includes adverse final actions, including consent decrees in which the respondent has neither admitted nor denied the findings, but does not include agreements, deficiency letters, examination reports, memoranda of understanding, letters of caution, admonishments, and similar informal resolutions of matters.

INVOLVED – Doing an act or omission or aiding, abetting, counseling, commanding, inducing, conspiring with or failing reasonably to supervise another in doing an act or omission.

MISDEMEANOR – For *jurisdictions* that do not differentiate between a *felony* and a *misdemeanor*, a *misdemeanor* is an offense punishable by a sentence of less than one year imprisonment and/or a fine of less than \$1,000. The term also includes a special court martial.

ORDER – A written directive issued pursuant to statutory authority and procedures, including orders of denial, suspension, or revocation; does not include special stipulations, undertakings or agreements relating to payments, limitations on activity or other restrictions unless they are included in an *order*.

PROCEEDING – Includes a formal administrative or civil action initiated by a governmental agency, self-regulatory organization or a *foreign financial regulatory authority*; a *felony* criminal indictment or information (or equivalent formal charge); or a *misdemeanor* criminal information (or equivalent formal charge). The term does not include other civil litigation, investigations, or arrests or similar charges affected in the absence of a formal criminal indictment or information (or equivalent formal charge).

FORM MU1	UNIFORM MORTGAGE LENDER/MORTGAGE BROKER FORM		MORTGAGE BROKER <input type="checkbox"/>
			MORTGAGE LENDER <input type="checkbox"/>
			MORTGAGE SERVICER <input type="checkbox"/>
Date of Filing: _____		Effective Date: _____	

WARNING: Failure to keep this form current and to file accurate supplementary information on a timely basis, or the failure to keep accurate books and records or otherwise to comply with the provisions of law pertaining to the conduct of business for which you are applying, may violate the laws of the *jurisdictions* and may result in disciplinary, administrative, injunctive or criminal action.

INTENTIONAL MISSTATEMENTS OR OMISSIONS OF FACTS MAY CONSTITUTE CRIMINAL VIOLATIONS.

NEW APPLICATION ☐ SURRENDER ☐ AMENDMENT ☐ **To amend, circle item(s) being amended.**

1. Exact name, principal business address, mailing address, if different, and telephone numbers of *applicant*:

A. Full name of *applicant*:
(if sole proprietor, provide last, first and middle name)

B. IRS Employer Identification Number
(Social Security No is allowed for sole proprietorship)

C. (1) Name under which business primarily is or will be conducted, if different from Item 1A.

C. (2) List any other name(s) by which the *applicant* conducts or will conduct business and the *jurisdiction*(s) in which they are or will be used (Use additional sheets as necessary).

1. Name	Jurisdiction	2. Name	Jurisdiction
3. Name	Jurisdiction	4. Name	Jurisdiction

D. If this filing makes a name change on behalf of the *applicant*, enter the new name and specify whether the name change is of the
☐ *applicant* name (1A) or ☐ business name (1C): _____

E. Main address: (Do not use a P.O. Box)

Number and Street

City

State/Country

Zip+4/Postal Code

F. Mailing address, if different:

PO Box or Number and Street

City

State/Country

Zip+4/Postal Code

G. Telephone Numbers and Website address:

Business phone

Fax line

Area Code

Telephone Number

Area Code

Telephone Number

website address #1

website address #2

H. Other than the office in 1E, does the *applicant* conduct business with consumers through branch offices or other business locations?
☐ YES ☐ NO (In certain *jurisdictions*, branch offices or other business locations must be reported or approved. Use Form MU3.)

I. Contact Employee:

Name and Title

Area Code

Telephone Number

Number and Street

City

State/Country

Zip+4/Postal Code

E-mail Address

Fax Number

J. Employee authorized to respond to consumer complaints:

Name and Title

Area Code

Telephone Number

Number and Street

City

State/Country

Zip+4/Postal Code

E-mail Address

Fax Number

K. Physical address of location where the official books and records of the *applicant* will be kept. Consult each *jurisdiction* for specific records retention requirements.

Organization Name (if different from *applicant*) or Records Custodian Name

Area Code

Telephone Number

Number and Street

City

State/Country

Zip+4/Postal Code

EXECUTION: The undersigned, being first duly sworn, deposes and says that he/she has executed this form on behalf of, and with the authority of, said *applicant*. The undersigned and *applicant* represent that the information and statements contained herein, including exhibits attached hereto, and other information filed herewith, all of which are made a part hereof, are current, true and complete. The undersigned and *applicant* further represent that to the extent any information previously submitted is not amended such information is currently accurate and complete.

Date (MM/DD/YYYY)

Signature of authorized party

Title

Subscribed & Sworn before me

by

Notary seal here

Print Notary Public name

Print authorized party name

on this

day of

at

Month

Year

State

County

Notary Public Signature

Notary Appointment Expires (MM/DD/YYYY)

This execution must always be completed in full with original, manual signature and notarization. Affix notary stamp or seal where applicable.

Applicant full legal name: _____

2. Enter appropriate number in the box(es) for each *jurisdiction*:
Enter "1" if *applicant is newly applying* in that *jurisdiction* as a mortgage lender (ML) and/or mortgage broker (MB).
Enter "2" if *applicant has a pending application* in that *jurisdiction* as a mortgage lender (ML) and/or mortgage broker (MB).
Enter "3" if *applicant is already licensed/registered* in that *jurisdiction* as a mortgage lender (ML) and/or mortgage broker (MB).

	ML	MB		ML	MB		ML	MB		ML	MB
Alabama			Idaho			Montana			Rhode Island		
Alaska			Illinois			Nebraska			South Carolina		
Arizona			Indiana			Nevada			South Dakota		
Arkansas			Iowa			New Hampshire			Tennessee		
California – DOC			Kansas			New Jersey			Texas – OCCC		
California – DRE			Kentucky			New Mexico			Texas – SML		
Colorado			Louisiana			New York			Utah		
Connecticut			Maine			North Carolina			Vermont		
Delaware			Maryland			North Dakota			Virginia		
District of Columbia			Massachusetts			Ohio			Washington		
Florida			Michigan			Oklahoma			West Virginia		
Georgia			Minnesota			Oregon			Wisconsin		
Guam			Mississippi			Pennsylvania			Wyoming		
Hawaii			Missouri			Puerto Rico					

3. A. Indicate legal status of *applicant*.
☐ Corporation ☐ Sole Proprietorship ☐ Other (*specify*) _____
☐ Partnership ☐ Limited Liability Company
- B. *Applicant's* fiscal year end (MM/DD): _____
- C. If other than a sole proprietorship, indicate date and place *applicant* obtained its legal status (i.e., state or country where incorporated, where partnership agreement was filed, or where *applicant* entity was formed):
State/Country of formation: _____ Date of formation (MM/DD/YYYY): _____
- D. If *applicant* is a publicly traded corporation, please insert stock symbol: _____

4. A. Directly or indirectly, does *applicant control*, is *applicant controlled by*, or is *applicant* under common control with, any person that is engaged in the business of a mortgage lender or mortgage broker? *If no, go to 4B.* YES ☐ NO ☐
(check only one for each relationship, attach additional copies as needed)

This Partnership, Corporation, or Organization _____
Partnership, Corporation, or Organization Name

☐ controls *applicant* ☐ is controlled by *applicant* ☐ is under common control with *applicant*

Number and Street City State/Country Zip+4/Postal Code

Briefly describe the *control* relationship, including an organizational chart which shows the relationship. Use additional sheets for comments if necessary.

- B. Directly or indirectly, is *applicant controlled by* any of the following? *If no, go to 5.* YES ☐ NO ☐

☐ Bank Holding Company ☐ National Bank ☐ State Member Bank of the Federal Reserve System
☐ State Non-Member Bank ☐ Savings Association/Savings Bank ☐ Credit Union ☐ Foreign Bank ☐ Thrift Holding Company

Financial Institution Name

Number and Street City State/Country Zip+4/Postal Code

Briefly describe the *control* relationship, including an organizational chart which shows the relationship. Use additional sheets for comments if necessary.

Schedule A and, if applicable, Schedule B must be completed as part of all initial applications.
Amendments to schedules A and B must be provided on Schedule C as changes occur.

Applicant full legal name: _____

<p>5. Check type(s) of mortgage related business engaged in (or to be engaged in, if not yet active) by <i>applicant</i>.</p> <p>A. First mortgage loans</p> <p>B. Second mortgage loans</p> <p>C. Home equity loans, including lines of credit</p> <p>D. Loans guaranteed by the Federal Housing Administration (FHA)</p> <p>E. Loans guaranteed by the Veterans Administration (VA)</p> <p>F. Reverse mortgage loans</p> <p>G. High cost home loans (refer to various state definitions of covered transactions)</p> <p>H. Mortgage Servicing</p> <p>I. Other mortgage products and services (If "yes", briefly describe below)</p> <p>J. Credit insurance</p>	<p>YES</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	
<p>6. Will <i>applicant</i> engage in any non-mortgage-related business?</p> <p>If "yes" briefly describe. _____</p>	<p>YES</p> <p><input type="checkbox"/></p>	<p>NO</p> <p><input type="checkbox"/></p>
<p>7. Will <i>applicant</i> occupy or share space with any <i>person(s)</i> engaged in <i>financial services-related</i> activity? If "yes," provide the name(s) of the other <i>person(s)</i>. _____</p>	<p>YES</p> <p><input type="checkbox"/></p>	<p>NO</p> <p><input type="checkbox"/></p>
<p>8. If the answer to any of the following is "YES", provide complete details of all events or <i>proceedings</i> in an attachment. Refer to the explanation of terms section of the instructions for explanations of italicized terms. Remember to file updates of these disclosures as needed.</p>		
<p style="text-align: center;">Criminal Disclosure</p> <p>A. Has the <i>applicant</i> or a <i>control affiliate</i> ever:</p> <p>(1) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to any <i>felony</i>?</p> <p>(2) been <i>charged</i> with any <i>felony</i>?</p> <p>B. In the past ten years has the <i>applicant</i> or a <i>control affiliate</i>:</p> <p>(1) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to a <i>misdemeanor involving: financial services or a financial services-related business or any fraud, false statements or omissions, theft or any wrongful taking of property, bribery, perjury, forgery, counterfeiting, extortion, or a conspiracy to commit any of these offenses?</i></p> <p>(2) been <i>charged</i> with a <i>misdemeanor</i> specified in 8B(1)?</p>	<p>YES</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p>NO</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
<p style="text-align: center;">Regulatory Action Disclosure</p> <p>C. Has any State or federal regulatory agency or <i>foreign financial regulatory authority</i> ever:</p> <p>(1) <i>found</i> the <i>applicant</i> or a <i>control affiliate</i> to have made a false statement or omission or been dishonest, unfair or unethical?</p> <p>(2) <i>found</i> the <i>applicant</i> or a <i>control affiliate</i> to have been <i>involved</i> in a violation of a <i>financial services-related</i> regulation(s) or statute(s)?</p> <p>(3) <i>found</i> the <i>applicant</i> or a <i>control affiliate</i> to have been a cause of a <i>financial services-related</i> business having its authorization to do business denied, suspended, revoked or restricted?</p> <p>(4) entered an <i>order</i> against the <i>applicant</i> or a <i>control affiliate</i> in connection with a <i>financial services-related</i> activity?</p> <p>(5) denied, suspended, or revoked the <i>applicant's</i> or a <i>control affiliate's</i> registration or license or otherwise, by <i>order</i>, prevented it from associating with a <i>financial services-related</i> business or restricted its activities?</p> <p>D. Has the <i>applicant's</i> or a <i>control affiliate's</i> authorization to act as an attorney, accountant, or State or federal contractor ever been revoked or suspended?</p> <p>E. Is the <i>applicant</i> or a <i>control affiliate</i> now the subject of any regulatory <i>proceeding</i> that could result in a "yes" answer to any part of 8C?</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
<p style="text-align: center;">Civil Judicial Disclosure</p> <p>F. (1) Has any domestic or foreign court:</p> <p>(a) in the past ten years <i>enjoined</i> the <i>applicant</i> or a <i>control affiliate</i> in connection with any <i>financial services-related</i> activity?</p> <p>(b) ever <i>found</i> the <i>applicant</i> or a <i>control affiliate</i> was <i>involved</i> in a violation of any <i>financial services-related</i> statute(s) or regulation(s)?</p> <p>(c) ever dismissed, pursuant to a settlement agreement, a <i>financial services-related</i> civil action brought against the <i>applicant</i> or <i>control affiliate</i> by a State or <i>foreign financial regulatory authority</i>?</p> <p>(2) Is the <i>applicant</i> or a <i>control affiliate</i> named in any pending <i>financial services-related</i> civil action that could result in a "yes" answer to any part of 8F(1)?</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
<p style="text-align: center;">Financial Disclosure</p> <p>G. In the past ten years has the <i>applicant</i> or a <i>control affiliate</i> been a mortgage lender or a mortgage broker or a <i>control affiliate</i> of a mortgage lender or a mortgage broker that has been the subject of a bankruptcy petition?</p> <p>H. Has a bonding company ever denied, paid out on, or revoked a bond for the <i>applicant</i>?</p> <p>I. Does the <i>applicant</i> have any unsatisfied judgments or liens against it?</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>

Applicant full legal name: _____

Date: _____

- ☐
- Yes
- ☐
- No

[illegible]

<div>Schedule B</div> <div>INDIRECT OWNERS</div> <div>(Answer for Form MU1 Item 4)</div>	Applicant full legal name: _____				
	Date: _____				
1. Use Schedule B only in new applications to provide information on the indirect owners of the <i>applicant</i> . Use Schedule A in new applications to provide information on direct owners. File all amendments on Schedule C. Complete each column.					
2. With respect to each owner listed on Schedule A, (except individual owners), list below: <div><div>(a) in the case of an owner that is a corporation, each of its shareholders that beneficially owns, has the right to vote, or has the power to sell or direct the sale of, 25% or more of a class of a voting security of that corporation; For purposes of this Schedule, a <i>person</i> beneficially owns any securities (i) owned by his/her child, stepchild, grandchild, parent, stepparent, grandparent, spouse, sibling, mother-in-law, father-in-law, son-in-law, daughter-in-law, brother-in-law, or sister-in-law, sharing the same residence; or (ii) that he/she has the right to acquire, within 60 days, through the exercise of any option, warrant or right to purchase the security.</div><div>(b) in the case of an owner that is a partnership, all general partners and those limited and special partners that have the right to receive upon dissolution, or have contributed, 25% or more of the partnership's capital;</div><div>(d) in the case of an owner that is a trust, the trust and each trustee; and</div><div>(e) in the case of an owner that is a Limited Liability Company ("LLC"), (i) those members that have the right to receive upon dissolution, or have contributed, 25% or more of the LLC's capital, and (ii) if managed by elected managers, all elected managers.</div></div>					
3. Continue up the chain of ownership listing all 25% or more owners at each level. Once a public reporting company is reached, no ownership information further up the chain of ownership need be given.					
4. Complete the "Status" column by entering status as a partner, trustee, shareholder, etc. and if shareholder, class of securities owned (if more than one is issued).					
5. In the "Publicly Traded" column, if the owner is a publicly traded company, enter the stock symbol; otherwise enter "NA".					
FULL LEGAL NAME (Individuals: Last Name, First Name, Middle Name)	Entity in Which Interest is Owned	Status	% Ownership	Publicly Traded	S.S. No., IRS Tax No. or Employer ID

<p>Schedule C AMENDMENTS TO SCHEDULES A & B (Amendments to answers for Form MU1 Item 4)</p>	<p><i>Applicant</i> full legal name: _____</p> <p>Effective Date: _____</p>	
--	---	--

Effective Date: _____

2. In the Type of Amendment ("Type of Amd.") column, indicate "A" (addition), "D" (deletion), or "C" (change in information about the same *person*).

[illegible]

- [illegible]



State of New Hampshire

Banking Department

64B Old Suncook Rd
Concord, NH 03301

Peter C. Hildreth
Bank Commissioner

Robert A. Fleury
Deputy Bank Commissioner

Telephone: (603) 271-3561
Fax: (603) 271-0750
Licensing: (603) 271-8675
www.nh.gov/banking

Part 2 of the NH Mortgage Lender/Banker or Mortgage Broker Application Form (Continued from Question No. 8 of the MU1)

OTHER COMPANY CONTACTS

9. A. Principal Licensing Contact Person (This is the individual who may sign this application form and to whom all licensing questions and issues will be addressed. The named individual must be authorized by the company to make sworn statements and attestations on behalf of the company where required as part of the application and/or renewal process. The Principal Contact Licensing Person may be the same as the person named in Item 1 Section I of the MU1):

Name and Title	Area Code	Telephone Number
Number and Street	City	State/Country
E-mail Address	Zip+4/Postal Code	Fax Number

B. Employee to contact regarding legal/litigation matters:

Name and Title	Area Code	Telephone Number
Number and Street	City	State/Country
E-mail Address	Zip+4/Postal Code	Fax Number

C. Employee to contact regarding examination matters:

Name and Title	Area Code	Telephone Number
Number and Street	City	State/Country
E-mail Address	Zip+4/Postal Code	Fax Number

BRANCH OFFICES

10. All locations in the State of New Hampshire where NH loans are originated, made, brokered, processed, underwritten and/or serviced must be licensed as branches; **enclose a Branch Application Form MU3 and \$500 for each New Hampshire branch location;** attach an Individual Disclosure Form MU2, a Criminal History Record Information Authorization Form, fingerprint card and \$39 fee for each branch manager. Submit copies of any written agreements or contracts between the *applicant/licensee* and any NH branch office.

BONDING

11. Mortgage brokers and mortgage lenders (bankers) must include an original \$20,000 continuous surety bond. A mortgage lender (banker) must increase the amount of their surety bond from \$20,000 to \$100,000 if their net worth is or will fall below \$100,000 at any time during the license period. We cannot accept copies of the bond; we must have the originally executed bond. The bond must be signed by three people: 1) an authorized officer of the company that is the *applicant* or licensee, 2) an individual with a power of attorney (attach a copy of the POA) who may sign on behalf of the surety company, and 3) (the counter-signature) an insurance agent of the surety company who is duly licensed by the New Hampshire Insurance Department (does not have to be a resident agent; any NH licensed agent of the company may sign). All three signature lines must be originally signed.
- If *applicant* is a "mortgage broker", attach original \$20,000 surety bond (use attached form; we cannot accept photocopies).
 - If *applicant* is a "mortgage banker", attach a \$100,000 surety bond if the *applicant's* net worth is now or will ever fall below \$100,000 during its period of licensure in NH.
 - Provide name and telephone number of insurance agent to contact regarding the bond:

(Name)

(Telephone)

(d) Copies of the bond forms are attached to this application form and are also found on our website at www.nh.gov/banking/consumer.html.

FORM U-2, UNIFORM CONSENT TO SERVICE OF PROCESS

12. Submit Form U-2 (see form and instructions that are attached to this application form).

ORGANIZATION AND QUALIFICATION PAPERS

13. (a) *Applicants* organized under the laws of the State of NH must submit a copy of the Certificate of Formation issued by the NH Secretary of State.
(b) Foreign (not formed under NH law) corporations, foreign limited liability companies and foreign partnerships must provide a copy of their home state registration and proof of registration as a foreign corporation, foreign limited liability company or foreign partnership issued by the NH Secretary of State (Certificate of Authority; Telephone Number: 603-271-3244 or 603-271-3246; www.nh.gov/sos/corporate).
(c) *Applicants* must provide organizational documents as follows: corporations must submit a copy of their Articles of Incorporation and By-Laws and any amendments thereto; Partnerships must submit a copy of the Partnership or Limited Partnership Agreement and any amendments thereto; and Limited Liability Companies must submit copies of their Articles of Organization, any Management Agreements that exist, and any amendments to either.
(d) Foreign and domestic *applicants* who propose to use a trade name in NH must provide proof of trade name registration issued by the NH Secretary of State. (Telephone Number: 603-271-3244 or 603-271-3246) The "Owner" of the trade name listed on the registration must match the name of the "*Applicant*". If these are not the same, ownership must be changed through the Secretary of State's office.

N.H. AGENT

14. Foreign (not formed under NH law) entities must appoint and maintain at all times a registered agent in New Hampshire. If the *applicant* has a NH branch office, an individual in that office may be appointed as the NH registered agent. If the *applicant does not have* a NH branch office or does not wish to appoint someone in a branch office, the *applicant* must appoint another person to be the NH registered agent. The agent's office must be open during regular business hours. Banking Department examinations of the licensee's books and records may take place at the registered agent's office.

Name of Agent: _____ Telephone: _____

Complete address of NH Agent (the actual physical location, street, town or city and zip): _____

(Provide a New Hampshire business address)

Mailing Address of Agent: _____

EXPERIENCE AND PAST CONDUCT

15. Provide the name of the individual located at the *applicant's* principal office who meets the experience requirements of NH RSA 397-A:5, III(e). This individual shall have been actively engaged in the mortgage business in a similar supervisory capacity for a minimum of three (3) of the preceding five (5) years. Attach a current resume to document this individual's qualifications.

Name

Title

FINANCIAL CONDITION

16. All *applicants* must submit financial statements. Financial statements must be consistent with the legal status of the *applicant*. Corporations must provide the corporation's financial statements. Mortgage bankers must demonstrate a minimum net worth of \$100,000 OR they must submit a \$100,000 surety bond to qualify for a license. A banker not submitting a surety bond must at all times maintain a net worth of at least \$100,000. Both brokers and bankers shall demonstrate and maintain a positive net worth. Attach the following:
- A. Copies of the following that are prepared in accordance with generally accepted accounting principles by a public accountant, certified public accountant (audited statements are required if an audit was performed), or the *applicant's* financial officer who must include an attestation, signed under penalty of Unsworn Falsification pursuant to NH RSA 641:3, that the financial statements are true and accurate to the best of his or her belief and knowledge:
1. Balance sheet as of the last fiscal year end and as of the most recent quarter end.
 2. Cash flow statement as of the last fiscal year end and as of the most recent quarter end.
 3. Income statement as of the last fiscal year end and as of the most recent quarter end.
 4. Note disclosures for the above.
- B. Individuals, sole proprietors, partnerships, limited liability companies and corporations with 20 or fewer shareholders must also attach the *applicant's* most recent federal tax returns.
- C. Publicly traded corporations, and wholly owned subsidiaries of publicly traded corporations, may submit copies of their most recent SEC 10K and 10Q forms in lieu of financial statements required by 16A if the financial statements reflect the operations and financial position of the *applicant* itself.
- D. If the financial statement is more than 6 months old, provide an interim balance sheet and income statement as of the *applicant's* last quarter end.
- E. *Applicants* must submit a copy of the most recent federal business income tax return (1040, 1120, 1120-S, and K-1s).

OPERATIONS

17. How are loans funded? Check all that apply.

Correspondent Lender ☐ , Table Funded ☐ , Own Funds ☐ , Warehouse Line of Credit ☐ ,
Other ☐ Describe:

- (a) Brokers – list of **all correspondent lenders** that make NH loans for your company.
(b) Bankers – list of **all correspondent brokers** that broker NH loans for your company.

Include company name, address, telephone # and contact person for each; attach a separate sheet if necessary.

Company Name

Address/Zip

Telephone No.

Contact Person

RATE LOCK COMMITMENTS

18. Are you applying for a mortgage lender (banker) license and will you issue rate lock commitments? _____ Yes _____ No. If “yes,” respond to Item 19. If “no,” skip Item 19. (You do not need to complete Item 19 unless you are applying for licensure as a mortgage banker AND you are requesting authorization to issue rate lock commitments; mortgage brokers cannot issue rate lock commitments in their own names).
19. Attach copies of Federal National Mortgage Association (“FNMA”), Federal Home Loan Mortgage Corporation (“FHLMC”) and/or Government National Mortgage Association (“GNMA”) approvals, and an audited financial statement demonstrating \$500,000 net worth in cash and marketable securities.

OR

If the *applicant* is a wholly-owned subsidiary of a publicly traded company, attach the most recent common stock rating available at the time of application demonstrating that the parent corporation’s common stock is rated among the four highest categories by Standard and Poor’s Corporation, Fitch Investors Service or Valueline Investment Survey; **AND** a written commitment from the parent corporation guaranteeing that the parent corporation will protect borrowers from losses resulting from the *applicant*/subsidiary mortgage banker’s failure to honor its rate-lock commitments is attached to this application.

MORTGAGE ORIGINATORS (NEW APPLICATION FORM)

20. Fill out the schedule below to provide a list of all individuals, wherever located, who will originate, make or broker New Hampshire mortgage loans for your company. Include both originators located in NH and originators located outside of NH. You do not need to include your company's originators who do not and will not originate NH loans. Enter the beginning date that each listed originator became associated with the *applicant* company. Please copy this page and attach it to the application if you have more than 36 individuals who will originate NH loans. If this is a newly formed company, you may omit this information from the application and submit a list of NH originators with the company's first NH Annual Report (due February 1st each year).

	First Name	Middle Initial	Last Name	Suffix, if any	Last 4 digits of Social Security Number	Start Date (MM/DD/YY)
1.						
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35.						
36.						

WARNING: Failure to keep this entire application/amendment licensing form current and to file accurate supplementary information on a timely basis, or otherwise to comply with the provisions of law pertaining to the conduct of business in New Hampshire violates the laws of New Hampshire and may result in disciplinary, administrative, injunctive or criminal action.

INTENTIONAL MISSTATEMENTS OR OMISSIONS OF FACTS MAY CONSTITUTE CRIMINAL VIOLATIONS.

THE PERSON NAMED IN ITEM NO. 1,I OF FORM MU1 AS THE CONTACT EMPLOYEE, OR AS THE PRINCIPAL LICENSING CONTACT NAMED IN ITEM NO. 9,A OF PART 2 OF THE NH APPLICATION FORM, MUST MAKE THE AFFIRMATION BELOW AND SIGN THE APPLICATION UNDER PENALTY OF UNSWORN FALSIFICATION, RSA 641:3.

AFFIRMATION

I subscribe and affirm, under penalty of perjury, that the statements made in this application, including the MU1 and Part 2 of the NH Application Form and statements made in any accompanying papers, schedules and attachments, have been examined by me and to the best of my knowledge and belief are true, correct and complete, and that I am duly authorized to execute this affirmation. I understand that any misrepresentation made to the banking department may result in denial or revocation of the mortgage license to which this form relates.

I agree, on behalf of the *Applicant*, that pursuant to NH RSA 397-A:10,IV, the *Applicant* will promptly report and amend documents and records on file with the New Hampshire Banking Department for any material changes (including but not limited to change in owners, officers, directors, managers including NH branch managers, address, form of organization, contact information, FYE, etc.). The report of an amendment must be filed within 30 days of the event that requires the filing of an amendment.

I acknowledge on behalf of the *Applicant* that the *Applicant's* business, if licensed, will be operated in accordance with the New Hampshire Revised Statutes Annotated and rules of the New Hampshire Banking Department, and further acknowledge that the New Hampshire Banking Department is authorized to conduct examinations of the business affairs and records of the *Applicant's* licensed business at any time with or without notice, and that all books, papers, files, related material, and records of assets, whether electronically stored or otherwise, shall be subject to the Department's examination. I am signing this document under penalty of Unsworn Falsification pursuant to NH RSA 641:3.

Date: _____

For _____
(Print or type *Applicant* or Licensee's name)

By _____
(Print or type name of the authorized signatory)

Signature _____
(Signed under penalty of Unsworn Falsification
pursuant to NH RSA 641:3)

Title _____

MORTGAGE BROKER/BANKER BOND

Rev. 07/06

Bond Number _____

Effective Date _____

STATE OF NEW HAMPSHIRE BANKING DEPARTMENT

KNOW ALL MEN BY THESE PRESENTS, that we _____
(Name of Applicant or Licensee)
of _____ AS PRINCIPAL, AND _____,
(State of Incorporation/Formation) (Name of Insurance Company)

a corporation or other legally formed entity organized and existing under the laws of the State of _____ and authorized to do business in the State of New Hampshire, AS SURETY, and hereby held and firmly bound unto the Bank Commissioner of the State of New Hampshire for the use and benefit of the State of New Hampshire and the citizens and residents thereof, conditions of this obligation, in the sum of twenty thousand dollars (\$20,000), lawful money of the United States, for the payment of which sum, well and truly made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, by these presents.

SEALED WITH our seals and dated this _____ day of _____, 20_____.

THE CONDITIONS OF THE ABOVE OBLIGATION ARE SUCH THAT:

WHEREAS, the above mentioned Principal has applied for a license as a mortgage broker or a mortgage banker under the provisions of New Hampshire Revised Statutes Annotated 397-A from and after the date hereof for the license period and continuous during the licensing period, including renewal periods, or until cancelled, and required to faithfully comply with any and all provisions of NH RSA 397-A, as now or hereafter amended, and any and all rules, regulations and orders issued or hereafter to be issued by the Bank Commissioner of the State of New Hampshire; and

WHEREAS, this bond provides for suit thereon by any person who has a cause of action under RSA 397-A and, if the Bank Commissioner by rule or order requires, by any person who has a cause of action not arising under the chapter. This bond provides that no suit may be maintained to enforce any liability on the bond unless brought within 6 years after the transaction or other act upon which it is based.

NOW, THEREFORE, this bond shall remain in full force and remain in effect during the period of license of the Principal or until cancelled. Should the Surety wish to effect cancellation, 20 days notice must be given to the Bank Commissioner. Such notice shall be in writing and the 20 day period shall commence from the date the notice is received by the Bank Commissioner. The suspension or revocation of the license of the Principal shall not cancel, suspend nor otherwise impair any obligation of the Surety under this bond.

IN WITNESS WHEREOF, said Principal, acting by and through its duly authorized officers, has hereunto set its hand and seal and the said Surety has caused these presents to be signed by its duly authorized officers and its corporate seal to be hereto affixed this _____ day of _____, 20_____.

(Name of Applicant or Licensee) (Seal)

(Name of Surety) (Seal)

BY _____
(Sign: Name and Official Position)

BY _____
(Sign: Name and Official Position)

BY _____
(Counter-Signature by NH licensed
Representative of the Insurer)

NOTE: Any applicable resolutions authorizing the execution of this bond shall be attached. If this bond has been subscribed to an "attorney-in-fact", there must be attached a "Power of Attorney".

MORTGAGE BROKER/BANKER BOND

Rev. 07/06

Bond Number _____

Effective Date _____

STATE OF NEW HAMPSHIRE BANKING DEPARTMENT

KNOW ALL MEN BY THESE PRESENTS, that we _____
(Name of Applicant or Licensee)
of _____ AS PRINCIPAL, AND _____,
(State of Incorporation/Formation) (Name of Insurance Company)

a corporation or other legally formed entity organized and existing under the laws of the State of _____ and authorized to do business in the State of New Hampshire, AS SURETY, and hereby held and firmly bound unto the Bank Commissioner of the State of New Hampshire for the use and benefit of the State of New Hampshire and the citizens and residents thereof, conditions of this obligation, in the sum of one hundred thousand dollars (\$100,000), lawful money of the United States, for the payment of which sum, well and truly made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, by these presents.

SEALED WITH our seals and dated this _____ day of _____, 20_____.

THE CONDITIONS OF THE ABOVE OBLIGATION ARE SUCH THAT:

WHEREAS, the above mentioned Principal has applied for a license as a mortgage broker or mortgage banker under the provisions of New Hampshire Revised Statutes Annotated 397-A from and after the date hereof for the license period and continuous during the licensing period, including renewal periods, or until cancelled, and required to faithfully comply with any and all provisions of NH RSA 397-A, as now or hereafter amended, and any and all rules, regulations and orders issued or hereafter to be issued by the Bank Commissioner of the State of New Hampshire; and

WHEREAS, this bond provides for suit thereon by any person who has a cause of action under RSA 397-A and, if the Bank Commissioner by rule or order requires, by any person who has a cause of action not arising under the chapter. This bond provides that no suit may be maintained to enforce any liability on the bond unless brought within 6 years after the transaction or other act upon which it is based.

NOW, THEREFORE, this bond shall remain in full force and remain in effect during the period of license of the Principal or until cancelled. Should the Surety wish to effect cancellation, 20 days notice must be given to the Bank Commissioner. Such notice shall be in writing and the 20 day period shall commence from the date the notice is received by the Bank Commissioner. The suspension or revocation of the license of the Principal shall not cancel, suspend nor otherwise impair any obligation of the Surety under this bond.

IN WITNESS WHEREOF, said Principal, acting by and through its duly authorized officers, has hereunto set its hand and seal and the said Surety has caused these presents to be signed by its duly authorized officers and its corporate seal to be hereto affixed this _____ day of _____, 20_____.

(Name of Applicant or Licensee) (Seal)

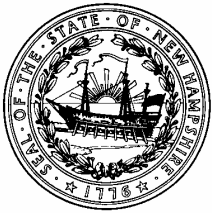
(Name of Surety) (Seal)

BY _____
(Sign: Name and Official Position)

BY _____
(Sign: Name and Official Position)

BY _____
(Counter-signature by NH licensed
Representative of the Insurer)

NOTE: Any applicable resolutions authorizing the execution of this bond shall be attached. If this bond has been subscribed to an "attorney-in-fact", there must be attached a "Power of Attorney".



State of New Hampshire

Banking Department

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Peter C. Hildreth
Bank Commissioner

Robert A. Fleury
Deputy Bank Commissioner

Telephone: (603) 271-3561
Fax: (603) 271-0750
Licensing: (603) 271-8675
www.nh.gov/banking

INSTRUCTIONS TO FORM U-2 N.H. UNIFORM CONSENT TO SERVICE OF PROCESS

1. The name of the applicant for licensure or registration is to be inserted in the blank space on line 1 Uniform Form U-2 ("Form").
2. The type of person executing the Form is to be described by striking out the inapplicable nomenclature in lines 2-4 and, if appropriate, by inserting a description of the person in the blank space provided on line 2 of the Form.
3. The name of the jurisdiction under which the person was formed or is to be formed is to be inserted in the blank spaces on line 3 of the Form.
4. The person to whom a copy of any notice, process of pleading which is served pursuant to the Consent to Service of Process is to be inserted in the appropriate blank spaces on page 1 of the Form.
5. An original manually signed Form must be filed with each application for licensure or registration.
6. The Form must be signed by the person. If the person is a corporation, it should be signed in the name of the corporation by an executive officer duly authorized; if a partnership, it should be signed in the name of the partnership by a general partner; and if an unincorporated association or other organization which is not a partnership, the Form should be signed in the name of such organization by a person responsible for the direction of management of its affairs.
7. The form must be signed under penalty of Unsworn Falsification pursuant to NH RSA 641:3.

UNIFORM CONSENT TO SERVICE OF PROCESS

KNOW ALL MEN BY THESE PRESENT:

That the undersigned _____, (a corporation), (a partnership), (limited liability company) or
 (Name of applicant for licensure or registration)

a (_____) organized under the laws of the State of _____, or (an individual), [strike out inapplicable nomenclature] for the purposes of complying with the laws of the State of New Hampshire relating to either licensure as a mortgage broker, mortgage banker, sales finance company, retail seller, small loan lender, debt adjuster, money transmitter or to registration as a mortgage servicing company, hereby irrevocably appoints the Bank Commissioner of the State of New Hampshire and the successors in such office its attorney in the State of New Hampshire upon whom may be served any notice, process or pleading in any action or proceeding against it arising out of or in connection with business conducted pursuant to said license or registration or out of violation of the aforesaid laws of said state; and the undersigned does hereby consent that any such action or proceeding against it may be commenced in any court of competent jurisdiction and proper venue within said state by service of process upon said officer with the same effect as if the undersigned was organized or created under the laws of said state and had been served lawfully with process in said state.

It is requested by the applicant that a copy of any notice, process or pleading served hereunder be mailed to:

 (Name)

 (Address)

Dated this _____ day of _____, 20_____

(COMPANY SEAL)

Signed under penalty of Unsworn Falsification pursuant to NH RSA 641:3

By _____
 (Print name of Applicant)
 By _____
 (Signature of Officer)

 (Print Name and Title of Officer)

NEW HAMPSHIRE SPECIFIC

CONTROL PERSONS INFORMATION FORM INSTRUCTIONS

MU2 FILING AND ATTACHMENTS - For purposes of filing Forms MU2, *each individual listed on Schedule A and Schedule B of Form MU1 must file a MU2 Control Persons Information form* in New Hampshire; they are *principals, direct and indirect owners* and therefore are considered to be *control persons* under NH law. *Principal* of the applicant or licensee includes a corporate officer, executive officer, senior manager, NH branch manager, director, member, general partner, trustee, and any person occupying similar status or performing similar functions. *Principals* include *direct owners* of 10% or more and *indirect owners* of 25% or more of the *applicant* (see the definitions on Schedules A & B). That means that for each individual listed on the schedules or amendments thereto, the *applicant/licensee* must submit a MU2 Form, a Criminal History Record Information Authorization Form, **one (1)** fingerprint card and a \$39 records check fee. All forms may be obtained at our website at www.nh.gov/banking/consumer.html.

Criminal Records checks are conducted by the State of New Hampshire Department of Safety, State Police Division on each individual listed on Schedules A & B. The Department of Safety charges a \$39 fee to cover costs for each record check. A copy of the *Department of Safety Division of State Police Criminal History Record Information Authorization Form* follows these instructions. You may make copies of this form, and then complete a form for each individual listed on Schedule A & B of the MU1. Complete all items in Section I of the Authorization, and make sure to sign the release information in Section II of the form and have the form notarized. **All checks and money orders for the record checks must be made payable to "State of NH – Criminal Records."**

Fingerprints must be submitted in order to complete the criminal background checks. To request fingerprint card(s), which must be on a New Hampshire State Police fingerprint form, you may electronically submit a form from our website www.nh.gov/banking/consumer.html, call (603) 271-8675 or e-mail licensing@banking.state.nh.us the licensing section at the Banking Department, indicate the number of cards needed and the address where they should be sent (only one address; the *applicant* or registrant is responsible for distribution to applicable persons within their organization) and we will send fingerprint cards out to you right away.

Submit a *Criminal History Record Information Authorization Form*, fingerprint card and a fee in the amount of \$39 payable to "State of NH – Criminal Records", for each individual listed on Schedules A & B of the MU1, to the NH Banking Department. We will forward the document(s) and check(s) to the Department of Safety. Fees covering multiple individuals may be combined into one check.

AMENDMENTS – The *applicant/licensee* must promptly update information on both the Company License Application form and each *principal's* or *direct* or *indirect owner's* Individual Disclosure Form MU2 if it becomes materially inaccurate and when a *principal* leaves the licensee's employ. An amendment shall be considered to be filed promptly if the amendment is filed within 30 days of the event that requires the filing of the amendment. On each form, circle the item being amended. Complete only the information that is being amended as well as the name of *applicant* and the name of the *principal* or *direct* or *indirect owner*.

UNIFORM MORTGAGE CONTROL PERSONS INFORMATION FORM MU2 INSTRUCTIONS

A. GENERAL INSTRUCTIONS

1. **FILING** – Form MU2 must accompany Form MU1, the Uniform Mortgage Lender/Mortgage Broker form. Each individual, identified as a *control person* for the *applicant* on Schedule A, must complete Form MU2. An *applicant* must also refer to each *jurisdiction* in which it is applying for *jurisdiction-specific* requirements.
2. **EMPLOYMENT REPRESENTATION** – The employment representation section must be completed by an authorized representative of the *applicant* (corporate officer, partner, member, sole proprietor, etc).
3. **TERMS USED** – See the following Explanation of Terms section regarding italicized words/phrases.
4. **DATES** – The filing date is the date *applicant* submits this form to the *jurisdiction(s)*. The effective date is the date *applicant* would like this license/registration or amendment to become effective. Consult applicable *jurisdiction* for effective date expectations.
5. **AMENDMENTS** – The *applicant* must update information about a *control person* as required in each applicable *jurisdiction* by submitting amendments using Form MU2 in addition to Schedule C of Form MU1. On Form MU2, circle the item being amended. Complete only the information that is being amended as well as the name of *applicant* and the name of the *control person*. Consult each *jurisdiction* concerning the return of the prior original license/registration document when submitting the amended Form MU2.

B. FILING INSTRUCTIONS

6. FORMAT

- A. Each individual identified as a *control person* on Schedules A or C must complete Form MU2. A fully completed Form MU2 for each *control person* is required to be submitted to each *jurisdiction* along with the *applicant's* initial Form MU1. Form MU2 accompanies Schedule C when reporting new *control person(s)*. The *applicant* should contact the appropriate *jurisdiction(s)* for additional specific filing requirements.
- B. Employment history, item 5: provide the full legal name of the company, beginning with your current employer.
- C. The Acknowledgment & Consent section must include notarized original manual signature.

- D. The Mortgage Lender/Mortgage Broker Employment Representation section must include original manual signature.
- E. Type all information.
- F. Use only the current version of Form MU2 or a reproduction of it.

7. ATTACHMENTS

- A. Enclose a pair of Fingerprint Cards if required by applicable *jurisdiction(s)* per item 2 of form MU2
 - B. *Jurisdiction(s)* will conduct additional background investigations (including personal credit and employment history) as appropriate for each *jurisdiction*.
 - C. Depending on the *jurisdiction*, individual(s) originating mortgage loans at the business may need to file a Form MU4. Please consult applicable *jurisdiction(s)* to verify the requirements there.
8. **FINANCIAL RESPONSIBILITY** – Consult each *jurisdiction* in which the *applicant* is applying to determine requirements for financial responsibility demonstrated by *control persons*. These may include the submission of personal credit reports, financial statements, surety bond(s), minimum net worth, or other requirements.
9. **JURISDICTION-SPECIFIC REQUIREMENTS** – Consult each *jurisdiction* in which the *applicant* is applying for a list of requirements unique to the *jurisdiction(s)*, including applicable fees, etc.

C. EXPLANATION OF TERMS – The following terms are italicized throughout Form MU2

10. **APPLICANT** – The mortgage lender or mortgage broker applying on or amending information on this form. The only instance in which the *applicant* is an individual is in the case of a sole proprietorship.
11. **CONTROL** – The power, directly or indirectly, to direct the management or policies of a company, whether through ownership of securities, by contract, or otherwise. Any *person* that (i) is a director, general partner or officer exercising executive responsibility (or having similar status or functions); (ii) directly or indirectly has the right to vote 10% or more of a class of a voting security or has the power to sell or direct the sale of 10% or more of a class of voting securities; or (iii) in the case of a partnership, has the right to receive upon dissolution, or has contributed, 10% or more of the capital, is presumed to control that company.
12. **CONTROL PERSON** – An individual named on Form MU1 in Item 1A or in Schedules A, B or C, that directly or indirectly exercises *control* over the *applicant*.
13. **JURISDICTION** – A state, the District of Columbia, the Commonwealth of Puerto Rico, or any subdivision or regulatory body thereof.
14. **PERSON** – An individual, partnership, corporation, trust, or other organization.
15. **FOR THE PURPOSE OF ITEM 6**
16. **CHARGED** – Being accused of a crime in a formal complaint, information, or indictment (or equivalent formal charge).
17. **ENJOINED** – Includes being subject to a mandatory injunction, prohibitory injunction, preliminary injunction, or a temporary restraining order.
18. **FELONY** – For *jurisdictions* that do not differentiate between a *felony* and a *misdemeanor*, a *felony* is an offense punishable by a sentence of at least one year imprisonment and/or a fine of at least \$1,000. The term also includes a general court martial.
19. **FINANCIAL SERVICES OR FINANCIAL SERVICES-RELATED** – Pertaining to securities, commodities, banking, insurance, consumer lending, or real estate (including, but not limited to, acting as or being associated with a bank or savings association, credit union, mortgage lender, mortgage broker, closing agent, title company, or escrow agent).
20. **FOREIGN FINANCIAL REGULATORY AUTHORITY** – Includes (1) a *financial services* authority of a foreign country; (2) other governmental body empowered by a foreign government to administer or enforce its laws relating to the regulation of *financial services* or *financial services-related* activities; and (3) a foreign membership organization, a function of which is to regulate the participation of its members in *financial services* activities listed above.
21. **FOUND** – Includes adverse final actions, including consent decrees in which the respondent has neither admitted nor denied the findings, but does not include agreements, deficiency letters, examination reports, memoranda of understanding, letters of caution, admonishments, and similar informal resolutions of matters.
22. **INVOLVED** – Doing an act or omission or aiding, abetting, counseling, commanding, inducing, conspiring with or failing reasonably to supervise another in doing an act or omission.
23. **MISDEMEANOR** – For *jurisdictions* that do not differentiate between a *felony* and a *misdemeanor*, a *misdemeanor* is an offense punishable by a sentence of less than one year imprisonment and/or a fine of less than \$1,000. The term also includes a special court martial.
24. **ORDER** – A written directive issued pursuant to statutory authority and procedures, including orders of denial, suspension, or revocation; does not include special stipulations, undertakings or agreements relating to payments, limitations on activity or other restrictions unless they are included in an *order*.
25. **PROCEEDING** – Includes a formal administrative or civil action initiated by a governmental agency, self-regulatory organization or a *foreign financial regulatory authority*; a *felony* criminal indictment or information (or equivalent formal charge); or a *misdemeanor* criminal information (or equivalent formal charge). The term does not include other civil litigation, investigations, or arrests or similar charges affected in the absence of a formal criminal indictment or information (or equivalent formal charge).

FORM MU2**CONTROL PERSONS INFORMATION
UNIFORM MORTGAGE LENDER/MORTGAGE BROKER FORM**

Applicant full legal name: _____

Date of filing: _____ Effective Date: _____

WARNING: Failure to keep this form current and to file accurate supplementary information on a timely basis, or otherwise to comply with the provisions of law pertaining to the conduct of business for which you are applying, may violate the laws of the *jurisdictions* and may result in disciplinary, administrative, injunctive or criminal action.

INTENTIONAL MISSTATEMENTS OR OMISSIONS OF FACTS MAY CONSTITUTE CRIMINAL VIOLATIONS.APPLICATION ☐AMENDMENT ☐ (To amend, circle items being amended.)

1. Individual's identifying information:

A. Full last, first and middle names:

Last name _____ First name _____ Full middle name _____ Suffix _____

B. (1) Social Security Number: _____

(2) Gender: ☐ Male ☐ Female

C. (1) Date of Birth (MM/DD/YYYY) _____

(2) State/Province of Birth: _____ (3) Country of Birth: _____

D. List all other name(s) you have used or are using, or by which you are know or have been known, other than your legal name, since the age of 18. This field should include for example, nicknames, aliases, and names used before/after marriage. (Use additional sheets as necessary).

1. Name _____

2. Name _____

3. Name _____

4. Name _____

E. (For amendments only) If this filing reports that an individual's name has changed, enter the new name and attach supporting legal documentation

Last name _____ First name _____ Full middle name _____ Suffix _____

F. Office of Employment address: (Do not use a P.O. Box)

☐ If this address is your private residence, check this box.

Number and Street _____ City _____ State/Country _____ Zip+4/Postal Code _____

G. Current Residence address, if different:

Number and Street _____ City _____ State/Country _____ Zip+4/Postal Code _____

H. Telephone Numbers and e-mail address:

Business phone _____

Fax line _____

Area Code _____ Telephone Number _____

Area Code _____ Telephone Number _____

Cell phone _____

Area Code _____ Telephone Number _____

e-mail address _____

CONTROL PERSON'S ACKNOWLEDGMENT & CONSENT:

I swear or affirm that I have read and understand the items and instructions on this form and that my answers (including attachments) are true and complete to the best of my knowledge. I understand that I am subject to administrative, civil or criminal penalties if I give false or misleading answers. I authorize all my current and former employers, law enforcement agencies, and any other *person* to furnish to any *jurisdiction*, or any agent acting on its behalf, any information they have, including without limitation my creditworthiness, character, ability, business activities, educational background, general reputation, history of my employment and, in the case of former employers, complete reasons for my termination.

Date (MM/DD/YYYY) _____

Signature of Control Person _____

Signed or attested before me _____

by _____

Print Notary Public name _____

Print Control Person name _____

on this _____ day of _____

Month _____

Year _____

at _____

State _____

County _____

Notary Public Signature _____

Notary Appointment Expires (MM/DD/YYYY) _____

MORTGAGE LENDER/MORTGAGE BROKER EMPLOYMENT REPRESENTATION

To the best of my knowledge and belief, the *control person* is currently bonded where required, and, at the time of approval, will be familiar with the statutes, regulations, and rules of the *jurisdiction(s)* with which this application is being filed, and will be fully qualified for the position for which application is being made herein. I have taken appropriate steps to verify the accuracy and completeness of the information contained in and with this application. I have provided the *control person* an opportunity to review the information contained herein and the *control person* has approved this information and signed the form.

Date (MM/DD/YYYY) _____

Name of Mortgage Lender/Mortgage Broker (company) _____

By: _____

Signature of authorized party _____

Print Name _____

Title _____

Acknowledgment & Consent and Employment Representation sections must always be completed in full with original, manual signatures and notarization. Affix notary stamp or seal where applicable.

Applicant full legal name: _____

Individual's full legal name: _____

2. Fingerprint Information filing representation:

☐ I represent that I am submitting, have submitted, or promptly will submit to the appropriate jurisdiction(s) two fingerprint cards as required.

Fingerprint Card Barcode(s): _____

☐ I am applying as a control person only in jurisdiction(s) that do not require me to submit fingerprint card(s).

3. Residential History: Starting with current address (item 1G), give all addresses for the past 10 years. (Attach additional sheets as necessary.)

From (MM/YYYY)	To (MM/YYYY)	Street Address	City	State or Province	Zip or Postal Code	Country

4. Employment History: Provide complete employment history for the past 10 years. Account for all time including full & part-time employments, self-employment, military service, and homemaking. Also include periods such as unemployed, full-time student, extended travel, etc. Indicate by "YES" or "NO" whether this employment was *financial service-related* business. (Attach additional sheets as needed.)

From (MM/YYYY)	To (MM/YYYY)	Employer (company name)	Position Held	City	State or Province	Country	YES or NO?

5. Other Business: Are you currently engaged in any other business either as a proprietor, partner, officer, director, employee, trustee, agent or otherwise? (Please exclude non-*financial services-related* activity that is exclusively charitable, civic, religious, or fraternal and is recognized as tax exempt.) If YES, provide the following details: the name of the other business; whether the business is *financial services-related*; the address of the other business; the nature of the other business; your position, title, or relationship with the other business; the start date of your relationship; the approximate number of hours/month you devote to the other business; and briefly describe your duties relating to the other business. (Attach additional sheets as needed.)

Details: _____

YES

☐

NO

☐

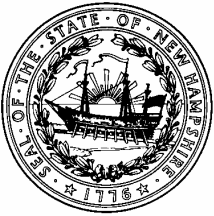
6. Disclosures: If the answer to any of the following is "YES", provide complete details of all events or proceedings in an attachment. Refer to the explanation of terms section of the instructions for explanations of italicized terms.

Financial Disclosure	YES	NO
A. Within the past ten years:		
(1) have you filed a personal bankruptcy petition or been the subject of an involuntary bankruptcy petition?	<input type="checkbox"/>	<input type="checkbox"/>
(2) based upon events that occurred while you exercised <i>control</i> over any organization, have any filed a bankruptcy petition or been the subject of an involuntary bankruptcy petition?	<input type="checkbox"/>	<input type="checkbox"/>
B. Has a bonding company ever denied, paid out on, or revoked a bond for you?	<input type="checkbox"/>	<input type="checkbox"/>
C. Do you have any unsatisfied judgments or liens against you?	<input type="checkbox"/>	<input type="checkbox"/>

Applicant full legal name: _____

Individual's full legal name: _____

Criminal Disclosure	YES	NO
D. Have you ever:		
(1) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to any <i>felony</i> ?	<input type="checkbox"/>	<input type="checkbox"/>
(2) been <i>charged</i> with any <i>felony</i> ?	<input type="checkbox"/>	<input type="checkbox"/>
E. Based upon activities that occurred while you exercised <i>control</i> over it, has an organization ever:		
(1) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to any <i>felony</i> ?	<input type="checkbox"/>	<input type="checkbox"/>
(2) been <i>charged</i> with any <i>felony</i> ?	<input type="checkbox"/>	<input type="checkbox"/>
F. Have you ever:		
(1) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to a <i>misdemeanor</i> involving: <i>financial services</i> or a <i>financial services-related</i> business or any fraud, false statements or omissions, theft or any wrongful taking of property, bribery, perjury, forgery, counterfeiting, extortion, or a conspiracy to commit any of these offenses?	<input type="checkbox"/>	<input type="checkbox"/>
(2) been <i>charged</i> with a <i>misdemeanor</i> specified in 6F(1)?	<input type="checkbox"/>	<input type="checkbox"/>
G. Based upon activities that occurred while you exercised <i>control</i> over it, has an organization ever:		
(1) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to a <i>misdemeanor</i> specified in 6F(1)?	<input type="checkbox"/>	<input type="checkbox"/>
(2) been <i>charged</i> with a <i>misdemeanor</i> specified in 6F(1)?	<input type="checkbox"/>	<input type="checkbox"/>
Regulatory Action Disclosure		
H. Has any State or federal regulatory agency or <i>foreign financial regulatory authority</i> ever:		
(1) <i>found</i> you to have made a false statement or omission or been dishonest, unfair or unethical?	<input type="checkbox"/>	<input type="checkbox"/>
(2) <i>found</i> you to have been <i>involved</i> in a violation of a <i>financial services-related</i> regulation(s) or statute(s)?	<input type="checkbox"/>	<input type="checkbox"/>
(3) <i>found</i> you to have been a cause of a <i>financial services-related</i> business having its authorization to do business denied, suspended, revoked or restricted?	<input type="checkbox"/>	<input type="checkbox"/>
(4) entered an <i>order</i> against you in connection with a <i>financial services-related</i> activity?	<input type="checkbox"/>	<input type="checkbox"/>
(5) denied, suspended, or revoked your registration or license, disciplined you, or otherwise by <i>order</i> , prevented you from associating with a <i>financial services-related</i> business or restricted your activities?	<input type="checkbox"/>	<input type="checkbox"/>
(6) denied, suspended, or revoked your registration or license, disciplined you, or otherwise by <i>order</i> , prevented you from associating with a <i>financial services-related</i> business or restricted your activities?	<input type="checkbox"/>	<input type="checkbox"/>
(7) barred you from association with an entity regulated by such commission, authority, agency, or officer, or from engaging in a <i>financial services-related</i> business?	<input type="checkbox"/>	<input type="checkbox"/>
(8) issued a final <i>order</i> based on violations of any law or regulations that prohibit fraudulent, manipulative, or deceptive conduct?	<input type="checkbox"/>	<input type="checkbox"/>
I. Have you ever had an authorization to act as an attorney, accountant, or State or federal contractor that was revoked or suspended?	<input type="checkbox"/>	<input type="checkbox"/>
J. Are you now the subject of any regulatory <i>proceeding</i> that could result in a "yes" answer to any part of 6H or 6I?	<input type="checkbox"/>	<input type="checkbox"/>
Civil Judicial Disclosure		
K. (1) Has any domestic or foreign court ever:		
(a) <i>enjoined</i> you in connection with any <i>financial services-related</i> activity?	<input type="checkbox"/>	<input type="checkbox"/>
(b) <i>found</i> that you were <i>involved</i> in a violation of any <i>financial services-related</i> statute(s) or regulation(s)?	<input type="checkbox"/>	<input type="checkbox"/>
(c) dismissed, pursuant to a settlement agreement, a <i>financial services-related</i> civil action brought against you by a State, federal, or <i>foreign financial regulatory authority</i> ?	<input type="checkbox"/>	<input type="checkbox"/>
(2) Are you named in any pending <i>financial services-related</i> civil action that could result in a "yes" answer to any part of 6K(1)?	<input type="checkbox"/>	<input type="checkbox"/>
Customer Arbitration/Civil Litigation Disclosure		
L. Have you ever been named as a respondent/defendant in a <i>financial services-related</i> consumer-initiated arbitration or civil litigation which:		
(1) is still pending; or	<input type="checkbox"/>	<input type="checkbox"/>
(2) resulted in an arbitration award or civil judgment against you, regardless of amount, or that required corrective action; or	<input type="checkbox"/>	<input type="checkbox"/>
(3) was settled for any amount?	<input type="checkbox"/>	<input type="checkbox"/>
Termination Disclosure		
M. Have you ever voluntarily resigned, been discharged, or permitted to resign after allegations were made that accused you of:		
(1) violating statute(s), regulation(s), rule(s), or industry standards of conduct?	<input type="checkbox"/>	<input type="checkbox"/>
(2) fraud, dishonesty, theft, or the wrongful taking of property?	<input type="checkbox"/>	<input type="checkbox"/>



Peter C. Hildreth
Bank Commissioner

Robert A. Fleury
Deputy Bank Commissioner

State of New Hampshire

Banking Department

64B Old Suncook Rd
Concord, NH 03301

Telephone: (603) 271-3561

Fax: (603) 271-0750

Licensing: (603) 271-8675

www.nh.gov/banking

CRIMINAL HISTORY RECORD INFORMATION AUTHORIZATION FORM, NON-DEPOSITORY LENDER/BROKER, SERVICER, RETAIL SELLER, MONEY TRANSMITTER OR DEBT ADJUSTER **INSTRUCTIONS:**

1. As part of the Banking Department's license and registration application review process, criminal background checks are required for each of the applicant's individual direct owners/investors/beneficiaries of 10% or more, indirect owners of 25% or more and for each principal, officer, manager (senior vice president or higher), LLC member, partner in a partnership, director, trustee, and NH branch manager of the applicant.
2. Criminal Record checks are conducted by the State of New Hampshire Department of Safety State Police Division. The Department of Safety charges a \$39 fee to cover costs for each record check. The \$39 fee may be aggregated into one check if record checks are to be performed for more than one individual. However, the Department of Safety will only accept checks in the amount of \$39, or any multiple of \$39 (2 cards \$78, 3 cards \$117, etc. They will not accept 2 checks such as one for \$15 and an additional check for \$24). All checks and money orders for the record checks should be made payable to the "State of NH – Criminal Records."
3. You will need to submit fingerprints in order to complete the criminal background check. To obtain a fingerprint card, which must be on a New Hampshire State Police fingerprint form, you may submit a form from our website www.nh.gov/banking/consumer.html, call (603) 271-8675, or e-mail licensing@banking.state.nh.us the licensing section at the Banking Department, and indicate the number of cards needed and the address where they should be sent (only one address; the *applicant, licensee or registrant* is responsible for distribution to applicable persons within their organization) and we will send fingerprint cards out to you right away.
4. The New Hampshire cards must be taken to a local police department where a professional will take the fingerprints.
5. Every person **must** complete the following sections of the card:
 - a. Print the name of person whose record will be checked, "LAST NAME", "FIRST NAME", "MIDDLE NAME"; it must be legible;
 - b. Written "SIGNATURE OF THE PERSON FINGERPRINTED";
 - c. "RESIDENCE" address "OF THE PERSON FINGERPRINTED";
 - d. "DATE OF BIRTH DOB", "Month", "Day", "Year";
 - e. Country of "CITIZENSHIP" "CTZ" (most will be USA);
 - f. All vital information (ie. "SEX", "RACE" "HGT.", "WGT.", "EYES" (color), "HAIR" (color), "PLACE OF BIRTH POB");
 - g. "DATE" the form was signed and the "SIGNATURE OF THE OFFICIAL TAKING FINGERPRINTS";
 - h. "EMPLOYER NAME AND ADDRESS";
 - i. "SOCIAL SECURITY NO. SOC".
6. Unless the card has preprinted information in the following boxes, the Banking Department will complete the following sections of the fingerprint card for you:
 - a. "ORI";
 - b. "YOUR NO. OCA";
 - c. "FBI NO. FBI";
 - d. "ARMED FORCES NO. MNU";
 - e. "REASON FINGERPRINTED";
 - f. "MISCELLANEOUS NO. MNU".
7. A copy of the Department of Safety Division of State Police *Criminal History Record Information Authorization Form* follows these instructions. You may make copies of this form, and then complete a form for each person described in the first paragraph of these instructions. Complete all items in Section I, and make sure to sign the release information in Section II of the form and have the form notarized.
8. Submit a *Criminal History Record Information Authorization Form*, a fingerprint card and a fee in the amount of \$39, for each principal of the company listed in the application, to the Banking Department. We will forward the document(s) and check(s) to the Department of Safety. Fees covering multiple individuals may be combined into one check.

If you have any questions about the procedure or requirements, please call the New Hampshire Banking Department's Licensing Section at 603-271-8675.



New Hampshire Department of Safety
DIVISION OF STATE POLICE
Central Repository for Criminal Records
33 Hazen Drive, Concord, NH 03305

NEW HAMPSHIRE BANKING DEPARTMENT CRIMINAL HISTORY RECORD INFORMATION AUTHORIZATION FORM
AUTHORITY NH RSA 397-A:1 – A:5; 361-A:2; 397-B:1 – B:4; 399-A:1 – A:3; 399-D:2 – D:5; 399-G:5; 383:7

SECTION I

PLEASE TYPE OR PRINT CLEARLY, ALL INFORMATION IN THIS SECTION **MUST BE COMPLETED**

NAME _____
LAST (MAIDEN/ALIAS) FIRST MI

ADDRESS _____
STREET CITY STATE ZIP CODE

DATE OF BIRTH _____ HAIR COLOR _____ EYE COLOR _____ SEX _____

DRIVER LICENSE NUMBER _____ STATE _____

My below signature certifies I am the individual listed above and that the information provided is true.

YOUR SIGNATURE: _____ DATE _____
Signed under penalty of unsworn falsification pursuant to RSA 641:3.

SECTION II

IF RECORD IS TO BE MAILED TO YOU, OR RECEIVED BY SOMEONE OTHER THAN YOURSELF,

ALL OF SECTION II MUST BE COMPLETED

I hereby authorize the release of my criminal record conviction(s), if any, to the following individual:

NEW HAMPSHIRE BANKING DEPARTMENT

NAME OF PERSON / FIRM TO RECEIVE RECORD

ADDRESS **64B OLD SUNCOOK ROAD** **CONCORD** **NH** **03301**
STREET CITY STATE ZIP CODE

YOUR SIGNATURE _____ DATE _____

NOTARY'S SIGNATURE _____ DATE _____
(Affix Seal) (Comm. Exp.)

PETER C. HILDRETH, COMMISSIONER

DATE _____

SIGNATURE OF PERSON / FIRM TO RECEIVE RECORD

NOTE: A \$39.00 fee is required for each request - make checks payable to: State of NH – Criminal Records.

☐ Applicant fingerprint card attached.

NEW HAMPSHIRE SPECIFIC INSTRUCTIONS FOR NH BRANCH MANAGERS

MU2 FILING AND ATTACHMENTS - For purposes of filing Forms MU3, **each individual listed as a branch manager must file a MU2 Control Persons Information form** in New Hampshire; they are considered to be *principals* and therefore *control persons* under NH law. That means that for each individual listed on the MU3, the *applicant/licensee* must submit a MU2 Form, a Criminal History Record Information Authorization Form, **one (1)** fingerprint card and a \$39 records check fee. All forms may be obtained at our website at www.nh.gov/banking/consumer.html.

AMENDMENTS – The *applicant/licensee* must promptly update information on both the Branch Form MU2 and on the Branch Manager's Individual Disclosure Form MU2 if it becomes materially inaccurate and when a branch manager leaves the licensee's employ. An amendment shall be considered to be filed promptly if the amendment is filed within 30 days of the event that requires the filing of the amendment. On each form, circle the item being amended. Complete only the information that is being amended as well as the name of *applicant* and the name of the branch manager.

UNIFORM MORTGAGE BRANCH OFFICE FORM FORM MU3 INSTRUCTIONS

A. GENERAL INSTRUCTIONS

1. **FILING** – Form MU3 is the Branch Office form accompanying the Form MU1-Uniform Mortgage Lender/Mortgage Broker form. An *applicant* for a Mortgage Lender or a Mortgage Broker license may apply for a branch office to *jurisdiction(s)* that have adopted the uniform Form MU3. The *applicant* must also refer to each *jurisdiction* in which it is applying for *jurisdiction*-specific requirements relating to branch offices.
2. **TERMS USED** – See the following Explanation of Terms section regarding italicized words/phrases.
3. **EXECUTION** – The execution section must be completed by an authorized representative of the *applicant* (corporate officer, partner, member, sole proprietor, etc).
4. **DATES** – The filing date is the date *applicant* submits this form to the *jurisdiction(s)*. The effective date is the date *applicant* would like this license/registration or amendment to become effective. Consult applicable *jurisdiction* for effective date expectations.
5. **AMENDMENTS** – The *applicant* must update information about a branch office, as required in each applicable *jurisdiction*, by submitting amendments using Form MU3. When filing an amendment, check the "amendment" box on line 1, provide the *applicant* name, filing and effective dates, and complete only the information that is being amended in item(s) 2a through 6a or 7 through 14. Consult each *jurisdiction* concerning the return of the prior original license/registration document when submitting the amended Form MU3.
6. **CONTACT EMPLOYEE** – The individual listed on the *applicant's* Form MU1 (company's main office) as the contact employee will be contacted by *jurisdiction(s)* if needed, about this branch form MU3.
7. **SURRENDER / CLOSE**– When an *applicant* decides to cease operations under the license/registration, at one or more branches, use the Form MU3 to notify *jurisdiction(s)* by checking the "surrender" box and completing only items 2, and 7. Send the original license/registration document (if any was issued) to the *jurisdiction(s)* along with the Form MU3 to surrender. Use the Form MU1 to notify *jurisdiction(s)* if the entire company will cease operations under the license/registration. Consult each *jurisdiction* concerning additional specific requirements at closure.

B. FILING INSTRUCTIONS

9. **FORMAT**
 - A. Form MU3 may accompany a new company filing on Form MU1, or may follow the Form MU1 later. A fully completed Form MU3 must be submitted to each applicable *jurisdiction* when the *applicant* is filing for branch authorization the first time. The *applicant* should contact the appropriate *jurisdiction(s)* for specific branch filing requirements, including applicable fees.
 - B. The Execution section must include notarized original manual signature for the initial Form MU3 filing for each branch office.
 - C. Type all information.
 - D. Use only the current version of Form MU3 or a reproduction of it.
10. **ATTACHMENTS**
 - A. File a Form MU2 for each branch manager identified in item 6.
 - B. Some *jurisdiction(s)* require separate filings for use of fictitious name/trade name/doing business as name(s) as seen in item 5. Consult the *jurisdiction(s)* to determine such requirements, and attach a copy of such filing if required by that *jurisdiction*.
 - C. Depending on the *jurisdiction*, individual(s) originating mortgage loans at the branch office may need to file a Form MU4. Please consult the applicable *jurisdiction(s)* to verify the requirements there.

11. **JURISDICTION-SPECIFIC REQUIREMENTS** – Consult each *jurisdiction* in which the *applicant* is applying for a list of requirements unique to the *jurisdiction(s)*, including applicable fees, records retention, branch-related bonding, etc.

C. EXPLANATION OF TERMS – The following terms are italicized throughout Form MU3

APPLICANT – The mortgage lender or mortgage broker applying on or amending information on this form for a branch license/registration. The only instance in which the *applicant* is an individual is in the case of a sole proprietorship.

JURISDICTION – A state, the District of Columbia, the Commonwealth of Puerto Rico, or any subdivision or regulatory body thereof.

FINANCIAL SERVICES OR FINANCIAL SERVICES-RELATED – Pertaining to securities, commodities, banking, insurance, consumer lending, or real estate (including, but not limited to, acting as or being associated with a bank or savings association, credit union, mortgage lender, mortgage broker, closing agent, title company, or escrow agent).

PERSON – An individual, partnership, corporation, trust, or other organization.

FORM MU3 (Branch)	UNIFORM MORTGAGE BRANCH OFFICE FORM <i>Applicant</i> full legal name: _____ Date of Filing: _____ Effective Date: _____	MORTGAGE BROKER <input type="checkbox"/> MORTGAGE LENDER <input type="checkbox"/> MORTGAGE SERVICER <input type="checkbox"/>
WARNING: Failure to keep this form current and to file accurate supplementary information on a timely basis, or the failure to keep accurate books and records or otherwise to comply with the provisions of law pertaining to the conduct of business for which you are applying, may violate the laws of the <i>jurisdictions</i> and may result in disciplinary, administrative, injunctive or criminal action.		
1.	NEW BRANCH APPLICATION <input type="checkbox"/> SURRENDER <input type="checkbox"/>	AMENDMENT <input type="checkbox"/> <i>Complete only the item(s) being amended.</i>
2.	_____ Physical address (Number and Street) _____ Physical City, State/Country, Zip+4/Postal Code	2a. _____ NEW Physical address (Number and Street) _____ NEW Physical City, State/Country, Zip+4/Postal Code
3.	_____ Mailing address or P.O. Box (if applicable) _____ Mailing address City, State/Country, Zip+4/Postal Code	3a. _____ NEW Mailing address or P.O. Box (if applicable) _____ NEW Mailing address City, State/Country, Zip+4/Postal Code
4.	_____ Business (Area Code) and Telephone Number _____ Fax (Area Code) and Number _____ Branch e-mail _____ Branch website	4a. _____ NEW Business (Area Code) and Telephone Number _____ NEW Fax (Area Code) and Number _____ NEW Branch e-mail _____ NEW Branch website
5.	_____ Trade name or "dba" used at this branch	5a. _____ NEW Trade name or "dba" used at this branch
6.	_____ Branch Manager Name _____ Supervisor Name	6a. _____ NEW Branch Manager Name _____ NEW Supervisor Name
EXECUTION: The undersigned, being first duly sworn, deposes and says that he/she is an officer of the <i>applicant</i> and has executed this form on behalf of, and with the authority of, said <i>applicant</i> . The undersigned and <i>applicant</i> represent that the information and statements contained herein, including exhibits attached hereto, and other information filed herewith, all of which are made a part hereof, are current, true and complete. The undersigned and <i>applicant</i> further represent that to the extent any information previously submitted is not amended such information is currently accurate and complete.		
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> Notary seal here </div> <div style="width: 60%;"> <div style="display: flex; justify-content: space-between;"> <div> Date (MM/DD/YYYY) Subscribed & Sworn before me on this _____ day of _____ Month Year </div> <div> Signature of authorized party _____ Print Notary Public name _____ Notary Public Signature </div> <div> by _____ Print authorized party name _____ Notary Appointment Expires (MM/DD/YYYY) </div> <div> Title _____ State County </div> </div> </div> </div>		
<i>This execution must always be completed in full with original, manual signature and notarization. Affix notary stamp or seal where applicable.</i>		

Applicant full legal name: _____

7.	Physical address of location where the official books and records generated by this branch office will be kept. Check each <i>jurisdiction</i> for specific records retention requirements.									
Organization Name (if different from <i>applicant</i>) or Records Custodian Name					Area Code		Telephone Number			
Number and Street			City		State		Country		Zip+4/Postal Code	
8	Enter appropriate number in the box(es) for each <i>jurisdiction</i> by location: Enter "1" if <i>applicant</i> is newly applying in that <i>jurisdiction</i> as a mortgage branch office. Enter "2" if <i>applicant</i> has a pending application in that <i>jurisdiction</i> as a mortgage branch office. Enter "3" if <i>applicant</i> is already licensed/registered in that <i>jurisdiction</i> as a mortgage branch office.									
Alabama		Georgia		Maryland		New Mexico		South Dakota		
Alaska		Guam		Massachusetts		New York		Tennessee		
Arizona		Hawaii		Michigan		North Carolina		Texas – OCCC		
Arkansas		Idaho		Minnesota		North Dakota		Texas – SML		
California – DOC		Illinois		Mississippi		Ohio		Utah		
California – DRE		Indiana		Missouri		Oklahoma		Vermont		
Colorado		Iowa		Montana		Oregon		Virginia		
Connecticut		Kansas		Nebraska		Pennsylvania		Washington		
Delaware		Kentucky		Nevada		Puerto Rico		West Virginia		
District of Columbia		Louisiana		New Hampshire		Rhode Island		Wisconsin		
Florida		Maine		New Jersey		South Carolina		Wyoming		
9.	Will this branch office and/or individuals at this branch office operate pursuant to a written agreement or contract with the <i>applicant's</i> main office? If "yes" provide a copy(ies) of the agreement(s)/contract(s).								YES <input type="checkbox"/>	NO <input type="checkbox"/>
10.	Will this branch office have sole responsibility for decisions relating to individuals originating or soliciting mortgage loans: (a) with respect to employment? (b) with respect to compensation?								YES <input type="checkbox"/> <input type="checkbox"/>	NO <input type="checkbox"/> <input type="checkbox"/>
11.	Does any <i>person</i> , other than the <i>applicant</i> , have responsibility, directly or indirectly, for paying the expenses of this branch office or otherwise have a financial interest in this branch office or its activities? (a) If yes, provide an explanation of the expense payment and/or financial interest arrangement: (b) _____ If yes, provide the following information for each <i>person</i> responsible for the expenses or with a financial interest:								YES <input type="checkbox"/>	NO <input type="checkbox"/>
FULL LEGAL NAME (Individuals: Last Name, First Name, Middle Name)				Address, City, ST, Zip		Telephone		SSN, IRS Tax No. or Employer ID		Separately Licensed? YES NO
										<input type="checkbox"/> <input type="checkbox"/>
										<input type="checkbox"/> <input type="checkbox"/>
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